

RECEIVED
CENTRAL FAX CENTER

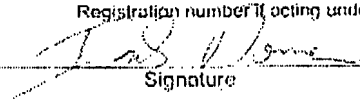
JUL 23 2007

PTO/SB/22 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|---|--|-------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) 2003536.00127US2 | |
| Application Number 09/843,841-Conf. #1029 | | Filed April 30, 2001 | |
| For SYSTEM AND METHOD FOR PROVIDING WEB-BASED USER INTERFACE TO LEGACY, PERSONAL-LINES INSURANCE APPLICATIONS | | | |
| Art Unit 3626 | | Examiner V. D. Koppikar | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) less one month previously paid | \$1020 | \$510 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 |
| <input type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input type="checkbox"/> | A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> | Payment by credit card. Form PTO-2038 is attached. | | |
| <input checked="" type="checkbox"/> | The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-0219. I have enclosed a duplicate copy of this sheet. | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 35,120 | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | | |
| Signature  | | Date July 23, 2007 | |
| Typed or printed name Ira H. Donner | | Telephone Number (212) 230-8800 | |
| NOTE: Signatures of all the inventors or assignee of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of 1 forms are submitted. | | | |

07/24/2007 HNGUTENI 00000037 000219 09843841

03 FC:1253 900.00 DA

I hereby certify that this page (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: July 23, 2007

Signature:  (Ira H. Donner)